



# Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS  
110 EAST MAIN STREET, SUITE 715  
MADISON, WI 53703-3328  
TELEPHONE: (608) 266-9760

## STEPS TO FOLLOW WHEN REQUESTING ACCOMMODATIONS

**Note:** Requests for accommodations will not be reviewed until all of the following are received by the Board of Bar Examiners (1) a completed Applicant Questionnaire and Affidavit, (2) a Wisconsin Candidate Form, (3) a Wisconsin Evaluator Form completed by a qualified professional who is familiar with the impact of your disability on your ability to perform on the LSAT or other similar timed, standardized admission tests, and (4) the relevant Cognitive, Vision, or Physical Evaluation Report(s).

The following checklists have been prepared to assist you in submitting the required information regarding your disability.

To request accommodations based on a **Cognitive/Psychological** disability we must receive the following:

\_\_\_\_\_ completed Candidate and Evaluator Forms  
\_\_\_\_\_ Psychoeducational/neuropsychological testing and full diagnostic report that complies with the information referenced in the LSAC *Guidelines for Documentation of Cognitive Disabilities*; all standard scores must be provided.

To request accommodations based on a Visual disability, we must receive the following:

\_\_\_\_\_ completed Candidate and Evaluator Forms  
\_\_\_\_\_ Visual Evaluation Report

To request accommodations based on a Physical/Medical disability, we must receive the following:

\_\_\_\_\_ completed Candidate and Evaluator Forms  
\_\_\_\_\_ Physical Evaluation Report

**For all disabilities:**

**Note:** If the requested documentation appropriate to your disability is not received your file will not be reviewed until the Board of Bar Examiners is in receipt of the necessary information. Requests for accommodations that are received after the last deadline will be denied without review. Requests that are incomplete or not supported by appropriate documentation by the last registration deadline will be denied.

**Note:** the Board of Bar Examiners reserves the right to make final judgment concerning testing accommodations. Upon approval of your request, we will send you written confirmation of your approved accommodations. Only the Board of Bar Examiners has the right to modify accommodations granted to test takers. All standard test center regulations will apply to accommodated administrations, unless specifically modified in writing by the Board of Bar Examiners. Unauthorized changes to approved accommodations or standard test conditions made by the testing supervisor or the candidate may result in the invalidation of your test score.

Return all accommodated testing related requests and forms to the Board at the address above by the deadlines listed on page one of the Information and Filing Instructions.



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## Request for Accommodations Candidate Form (Must be typewritten)

Note: This form and the Board of Bar Examiners Evaluator Form and the relevant Evaluation Report(s) must be completed and received before Wisconsin will review your request for accommodations.

The Wisconsin Board of Bar Examiners requires that you include current documentation from a qualified evaluator who is familiar with your disability and the functional impact of your disability on your ability to perform on the Wisconsin bar examination or other similar timed, standardized admission tests.

### I. Background Information

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number \_(\_\_\_\_)\_\_\_\_\_

Requested Test Date: \_\_\_\_\_

Please check, if applicable \_\_\_. I have previously submitted documentation of my disability for the Wisconsin bar examination

Indicate test date for which documentation is on file: \_\_\_\_\_

### II. Nature of Your Disability (check all that apply and provide specific diagnosis)

_____ visually impaired	_____
_____ physical disability	_____
_____ cognitive disability	_____
_____ psychological disability	_____
_____ hearing impaired	_____
_____ other	_____

Candidate Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### III. Past Accommodations Granted for Your Disability

1. Did you request testing accommodations for the SAT, ACT, GRE, MCAT, or GMAT examinations? \_\_\_\_ Yes \_\_\_\_ No

If so, were you granted any accommodation(s)? \_\_\_\_ Yes \_\_\_\_ No.

Specify which test you took and describe the accommodations you were given, if any.  
Please include a copy of the score report(s) when available.

Test	Date Administered	Score	Percentile	Accommodation(s) Requested	Accommodation(s) Granted
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If you did not get testing accommodations, please explain. \_\_\_\_\_

2. Did you receive additional test time for any exams while you were in college?  
Yes \_\_\_\_ No \_\_\_\_

If yes, please list the type of test ( e.g., essay, multiple-choice, etc.) and the course name and provide a letter from the Office of Disabilities on its official letterhead.

If no, please explain. \_\_\_\_\_

3. Did you receive any other accommodations while you were in college? \_\_\_\_ Yes \_\_\_\_ No

Please explain. \_\_\_\_\_

### IV. Accommodations Requested

1. **Test format** (Check one only. If you do not complete this section, the regular print test book will be used. Test preparation materials are available in the following formats upon request.)

- \_\_\_\_\_ Braille version of the Wisconsin essay examination
- \_\_\_\_\_ Braille version of the Multistate bar examination
- \_\_\_\_\_ Audiocassette version of the Wisconsin essay examination
- \_\_\_\_\_ Audiocassette version of the Multistate bar examination
- \_\_\_\_\_ Large print (18 pt.) version of the Wisconsin essay examination
- \_\_\_\_\_ Large print (18 pt.) version of the Multistate bar examination
- \_\_\_\_\_ Other

2. **Test Accommodations:** The following are the most commonly requested test accommodations. If the accommodations needed are not listed, mark "other" and explain the accommodation. Candidates with like accommodations may be tested in the same room.

- A. \_\_\_\_\_ Additional Time on the Wisconsin essay examination  
\_\_\_\_\_ Extra minutes + Standard 360 minutes = \_\_\_\_ total minutes
- B. \_\_\_\_\_ Additional Time on the Multistate bar exam  
\_\_\_\_\_ Extra minutes + Standard 360 minutes = \_\_\_\_ total minutes

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Candidate Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

- C. \_\_\_\_\_ Non-scantron /large print answer sheet
- D. \_\_\_\_\_ Use of a Reader (provided by Wisconsin)
- E. \_\_\_\_\_ Use of an amanuensis (scribe provided by Wisconsin)  
\_\_\_\_\_ Extra minutes per section for use of scribe (if needed)
- F. \_\_\_\_\_ Additional Rest time off clock  
\_\_\_\_\_ Extra minutes for the standard break
- G. \_\_\_\_\_ Sit/stand with a podium
- H. \_\_\_\_\_ Other

**ON SEPARATE PAGES, DESCRIBE HOW YOUR DISABILITY IMPACTS YOUR ABILITY TO TAKE THE WISCONSIN BAR EXAMINATION AND EXPLAIN WHY YOU NEED EACH OF THE ACCOMMODATION(S) YOU REQUESTED.**

- V. Please note that this form is part of the sworn Applicant Questionnaire and Affidavit. Candidates are responsible for completeness and accuracy of the information provided on this form.

**I certify that all of the information on this form is true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are unable to sign this form, please have someone sign and date in your presence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The braille and audiocassette versions of the Wisconsin bar examination are nondisclosed. Please note Wisconsin does not offer an untimed test. Please contact Wisconsin for a copy of our policy on readers.

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## Evaluator Form (Please Print or Type)

**Note:** This form must be completed by a qualified evaluator who is familiar with your disability and its impact on your ability to perform on the Wisconsin bar examination (or other similar timed, standardized admission tests).

**This form should be returned by the CANDIDATE along with the necessary supporting documentation, which is reported separately from this form.**

**Accompanying this form are Evaluation Reports for Cognitive Impairments, Vision Impairments, and Physical Impairments. The Evaluator must complete and submit the relevant Evaluation Report(s) with this Form.**

Candidate Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Qualified Diagnostician/Evaluator (for verification purposes only):

Name: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

State the candidate's disability and provide the appropriate diagnostic code: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Did you personally evaluate/ treat the candidate? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, when did you last evaluate/treat the candidate?

\_\_\_\_\_

If the candidate has no history of prior accommodations, explain in detail why no accommodations were used in the past and why accommodations are now needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Candidate Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

The Wisconsin bar examination is designed to measure skills that are considered essential for success in the practice of law: the reading and comprehension of complex text with accuracy and insight; the organization and management of information and the ability to draw reasonable inferences from it; the ability to reason critically; and the analysis and evaluation of the reasoning and argument of others.

The Wisconsin bar examination consists of four 180-minute sections, two essay and two multiple-choice, administered over two days. These sections consist of reading passages and questions relating to the passages. Test takers may elect to draw diagrams or underline passages while answering, but these are relatively insignificant elements. For the essay portions, candidates use a pen and write in bluebooks; for the multiple-choice portions, candidates use a #2 pencil and record answers by filling in small bubbles on a scantron answer sheet.

Based on the candidate's condition/disability and its impact on his/her ability to perform on the Wisconsin bar examination, what accommodations(s) would you recommend? If an accommodation is not listed below, please describe it under "other."

A. **Test Format** (Check one only. If you do not complete this section, the regular print test book will be used.)

- \_\_\_\_\_ Braille version of the Wisconsin essay examination
- \_\_\_\_\_ Braille version of the Multistate bar examination
- \_\_\_\_\_ Audiocassette version of the Wisconsin essay examination
- \_\_\_\_\_ Audiocassette version of the Multistate bar examination
- \_\_\_\_\_ Large print (18 pt.) version of the Wisconsin essay examination
- \_\_\_\_\_ Large print (18 pt.) version of the Multistate bar examination
- \_\_\_\_\_ Other

B. **Test Accommodations:** The following are the most commonly requested test accommodations. If the accommodations needed are not listed, mark "other" and explain the accommodation. Candidates with like accommodations may be tested in the same room.

1. \_\_\_\_\_ Additional Time on the Wisconsin essay examination  
\_\_\_\_\_ Extra minutes + Standard 360 minutes = \_\_\_\_\_ total minutes
2. \_\_\_\_\_ Additional Time on the Multistate bar examination  
\_\_\_\_\_ Extra minutes + Standard 360 minutes = \_\_\_\_\_ total minutes
3. \_\_\_\_\_ Non-scantron /large print answer sheet
4. \_\_\_\_\_ Use of a Reader (provided by Wisconsin)
5. \_\_\_\_\_ Use of an amanuensis (scribe provided by Wisconsin)  
\_\_\_\_\_ Extra minutes per section for use of scribe (if needed)
6. \_\_\_\_\_ Additional Rest time off clock  
\_\_\_\_\_ Extra minutes for the standard break
7. \_\_\_\_\_ Sit/stand with a podium
8. \_\_\_\_\_ Other

Please describe your academic credential(s) and qualifications that allow you to make this diagnosis and recommendations for accommodations: \_\_\_\_\_

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License/ Certification Number

\_\_\_\_\_  
Date

\*Please note Wisconsin does not offer an untimed test.

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## Guidelines for Documentation of Cognitive Disabilities

The following guidelines are intended to assist you (and your evaluator) in completing your request for accommodations on the Wisconsin bar examination. If you are seeking additional test time on the Wisconsin bar examination because of a cognitive impairment, such as, but not limited to, a specific learning disability, a processing deficiency, an attention deficit disorder, or a physical, medical, or psychological disorder that affects your cognitive abilities, you must submit a comprehensive psychoeducational or neuropsychological assessment report. This assessment must comply with the following requirements and demonstrate the impact of your disability on your ability to perform on the Wisconsin bar examination under standard time conditions. Following these guidelines will speed up the processing of your request and avoid delays caused by the need to request missing information.

It is important that you and your evaluator understand that the mere documentation of the presence of a disability does not entitle you to accommodation(s). Rather, the impact of your disability on your ability to take the Wisconsin bar examination must be quantifiably documented so that reasonable accommodations can be determined.

### 1. Your testing and assessment must be conducted by a qualified and licensed (where applicable) evaluator.

The diagnostician/evaluator must have comprehensive training and direct experience in working with adult populations. Diagnosticians/evaluators should describe their academic credentials and qualifications that allow them to diagnose your disability and recommend accommodations on the Wisconsin bar examination

### 2. Accommodations will be based upon an assessment of the current nature and impact of your disability.

You are, therefore, required to submit a report or documentation of recent testing and a current assessment of the impact of your disability. This means that testing must have been conducted within three years of your request for accommodations on the Wisconsin bar examination. If, however, you were tested as an adult (after the age of 21), testing conducted within the past five years of your request for accommodations on the Wisconsin bar examination may be acceptable. If the documentation you submit is insufficient or outdated, you will be required to obtain current testing and assessment in order to pursue your request for accommodations, and Board of Bar Examiner's decision on your request will be delayed accordingly.

### 3. You may need a neuropsychological and/or psychoeducational evaluation.

In cases where a neuropsychological examination is necessary (learning disabilities, neurological injuries or disorders) it is expected that the assessment will be a comprehensive battery of tests administered by someone with clear credentials in the field (such as board certification by a recognized board). Individuals may use fixed or flexible batteries (or a combination of the two) but the evaluations must include consideration of motor-sensory, auditory, attentional, visual-spatial, receptive and expressive language, immediate and delayed memory, achievement, and intelligence. Often, these tests used for other purposes will overlap with neuropsychological functions and can be used for more than one purpose. All scores generated by each test must be reported.

**The testing/assessment must be comprehensive and include a Diagnostic Report.** Objective evidence of a substantial limitation in cognition /learning must be provided. This is the heart of the evaluation if you are claiming a cognitive disorder or claiming cognitive impairment due to a secondary attentional or psychiatric disorder. All deviations from these guidelines must be discussed and defended in light of the goals of the evaluation in terms of fair administration of the Wisconsin bar examination. The neuropsychological evaluation is required in all cases that claim the presence of a learning disability in order to demonstrate the existence of the underlying disorder responsible for the learning disability. A psychoeducational evaluation is required of all applicants in this category without exception. The neuropsychological or psychoeducational evaluation for the diagnosis of a cognitive disability should be submitted on the letterhead of a licensed (where applicable), qualified professional, and it should provide clear and specific evidence that a cognitive disability does or does not exist. It is not acceptable to administer only one test, nor is it acceptable to base a diagnosis on only one of several subtests. All standard scores for all tests must be reported. Percentiles must also be reported in addition to standard scores for each test. For tests with subtests (such as the WAIS-III or WJ-111) the scores from all subtests must also be included. Unless noted below, all standard scores and percentiles should be on age-adjusted rather than education-adjusted norms. Domains included in each evaluation MUST include the following:

## **a. A diagnostic interview**

The report of assessment should include a comprehensive diagnostic interview that includes relevant background information to support the diagnosis. In addition to the candidate's self-report, the report of assessment should include: a description of the presenting problem(s) including DSM-IV symptoms; a developmental history; an academic history, including reports of classroom performance and grades, especially in classes related to **Wisconsin bar examination performance**; behavioral observations and notable trends; a family history, including primary language of the home and current fluency of English (where relevant); a psychosocial history; a medical history, including the presence or absence of a medical basis for the present symptoms; history of prior psychotherapy; a discussion of dual diagnosis, alternative or coexisting mood, behavioral, neurological and/or personality disorders, along with any history of relevant medication and current use that may impact the individual's learning; and exploration of possible alternatives that may mimic a cognitive disability when, in fact, one is not present. All reports must also include, at a minimum, scores on previous standardized admission tests, such as, but not limited to, the SAT, ACT, GRE, MCAT, and LSAT, with scores broken down by areas (such as verbal, mathematics, reasoning, etc.) and with both the standard scores and percentiles reported. In addition, if accommodations have been granted for any of these tests, the exact accommodations granted and used must also be described. For example, if you were granted "unlimited time," provide a report of the specific time used. This information will speed up the processing of your request considerably and will avoid delays due to requests for more information.

## **b. Aptitude**

A complete aptitude assessment is required with all subtests and standard scores. The preferred instrument is the Wechsler Adult Intelligence Scale-Third Edition (WAIS-III). The WAIS-R or other earlier versions are not acceptable. In addition to the WAIS-III, the aptitude area may be further explored by such tests as the Woodcock-Johnson Psychoeducational Battery -III: Tests of Cognitive Ability (Subtests 1-14), the Stanford-Binet Intelligence Scale: Fourth Edition, or other tests that have current norms for an adult population. Tests that do not have norms appropriate for the age of the applicant will not be accepted in this or any other category.

## **c. Achievement**

A complete achievement battery, with all subtests and standard scores, should be provided. A timed reading comprehension measure which has been normed on adults and which allows for both extended and regular administrations, is required. At the present time, the Nelson-Denny Reading Skills Test (NDRT) is the closest match to the requirements of the Wisconsin bar examination. However, the NDRT provides only education-based norms that result in inaccuracies when compared to age-adjusted aptitude measures such as the WAIS-III. Thus, the NDRT should be scored twice, using the actual grade level and, for comparison purposes, using the first-semester college norms. In all cases, extended-time testing should also be completed, with notation of the actual additional time used to complete the test (not the time allowed). The number of items attempted and completed during the regular and extended periods is also required.

If a test other than the NDRT is used, a detailed description of the test and the norming sample should also be included. In addition, the battery may include current levels of academic functioning in reading (decoding and comprehension) and written language. Acceptable instruments include, but are not limited to, the Woodcock-Johnson Psychoeducational Battery-III: Tests of Achievement; Scholastic Abilities Test for Adults (SATA). The Wide Range Achievement Test -3 (WRAT-3) is not a comprehensive measure of achievement and therefore is not acceptable if used as the sole measure of achievement.

Writing measures, including timed writing, are necessary only if additional time on the nonscored writing section is required. Measures of spelling and grammar skills are required only when you wish to use a computer with a spelling and/or grammar checker. Mathematics measures may be included but are never required.

## **d. Information Processing**

Specific areas of information processing (e.g., short- and long-term memory, sequential memory, processing speed, executive functioning, motor ability) must be addressed in cases claiming learning disorders, attentional problems, or psychiatric problems that interfere with attention. Since the Wisconsin bar examination is a verbal, reading-based test, processing measures that relate to the processing of words and sentences presented visually are most relevant and will be given the greatest weight. Impairment in nonverbal functions must be related to Wisconsin bar examination performance to be given significant weight. Commonly used instruments in this area include, but are not limited to, information from subtests on the WAIS-III, the Woodcock-Johnson Psychoeducational Battery III: Tests of Cognitive Ability, Wechsler Memory Scale - III, Halstead-Reitan neuropsychological battery, and the Test of Vigilance and Attention (TOVA). Other instruments also may be used to address these areas.

## **e. Personality Testing**

Other standard and formal assessment measures (e.g., personality or clinical inventories) may be integrated with the above documents to help support a dual diagnosis, or to disentangle the cognitive/learning disability from coexisting mood, behavioral, neurological, and/or personality disorders. In addition to standardized test batteries, it is also very helpful to include informal observations of the student during the test administration. Nonstandard measures and informal assessment procedures may be helpful to determine performance across a variety of domains. These procedures are supplemental to the basic evaluation described above and do not replace the need for the objective measures. Personality testing is required for those who claim psychiatric disorders that impact their ability to take the Wisconsin bar examination. It is often most useful to see the results of objective, well-normed tests such as the



MMPI-2 or MCMI-111 along with more projective instruments such as the Rorschach. As with other tests, all scores must be reported for these tests.

#### **4. Actual test scores must be provided.**

Standard scores must be provided for all normed measures. Percentiles are also acceptable, but grade equivalents are not acceptable unless standard scores and/or percentiles are also included. The report of assessment must show evidence of intraindividual differences in cognitive/achievement and in information processing that demonstrate a substantial limitation for which an accommodation is recommended. A minimum of 1.5 standard deviation difference must be shown between domains that are considered intercorrelated, while a difference of 2.0 standard deviations is necessary for independent domains (such as basic attention and reading recognition, for example). Such differences **MUST** take into account differences in normative samples and differences in whether age, education, gender, or other factors are considered in determining scores.

The particular profile of the individual's strengths and weaknesses must be shown to relate to functional limitations that necessitate the recommended accommodations. The tests used must be reliable, valid, and standardized for use with an adult population. The test findings must document both the nature and severity of the disability(ies). Informal inventories, surveys, and direct observation by a qualified diagnostician may be used in tandem with formal tests in order to further develop a diagnosis and recommend accommodations.

#### **5. The report of assessment must include a specific diagnosis.**

For example, individual "learning styles," "learning differences," and "academic problems" are not by themselves cognitive disabilities for which accommodations will be granted. The specific diagnosis must be supported by test data, academic history, anecdotal and clinical observations that may include comments about the candidate's level of motivation, study skills, and other noncognitive factors. Discrepancies between test results, previous scores on the SAT, ACT, or LSAT, and history **MUST** also be addressed to avoid delays in requesting additional information. These findings must demonstrate that the candidate's functional limitations are due to the diagnosed disability(ies). It is important that the diagnostician rule out alternative explanations for problems in learning such as emotional or attentional problems that may interfere with learning, but which do not, in and of themselves, constitute a disability in learning.

#### **6. The report of assessment must recommend specific accommodations.**

The diagnostician must include a detailed explanation as to why each **SPECIFIC** recommended accommodation is necessary and a detailed rationale for each accommodation requested. Requests for accommodations must reference test results or clinical observations that support the need for the accommodation. Recommendations must not give the candidate an unfair advantage over other candidates but must be designed to give a fair chance for the applicant. Recommendations that are clearly excessive will bring the expertise of the evaluator into question. The Board of Bar Examiners does not provide unlimited time as an accommodation. An inability to complete the test under standard time conditions is not automatically a reason for an accommodation for additional test time; not all standard test-takers are able to do this.



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## Cognitive Disabilities Summary Score Sheet

(Please Print or Type)

Candidate Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Note: This form is being provided for your convenience. The following tests are frequently used to demonstrate the impact of an individual's disability. In order to be considered for additional test time as an accommodation for cognitive impairments, the candidate's documentation must include a psychoeducational assessment report that includes data from both cognitive and achievement measures. The assessment must have been conducted within the last three years (in the case of adults tested after the age of 21, testing within a five-year period may be acceptable); identify an information processing deficit; and identify an aptitude-achievement discrepancy of 1.5 standard deviations. For additional information about these requirements, please refer to the enclosed guidelines.

If other tests were used, please indicate the results of those tests on a separate page or in a separate report.

### I. Cognitive Assessment

Date Cognitive Assessment Completed: \_\_\_\_\_

Wechsler Adult Intelligence Scale-Third Edition (WAIS-III) : \_\_\_\_\_ Verbal \_\_\_\_\_ Performance \_\_\_\_\_ Full Scale

#### SCALED SCORES:

Information	_____	Picture Completion	_____
Digit Span	_____	Picture Arrangement	_____
Vocabulary	_____	Block Design	_____
Arithmetic	_____	Object Assembly	_____
Comprehension	_____	Digit Symbol	_____
Similarities	_____	Matrix Reasoning	_____
Letter-Number Sequencing	_____	Symbol Search	_____
<b>Verbal Comprehension Index</b>	_____	<b>Working Memory Index</b>	_____
<b>Perceptual Organization Index</b>	_____	<b>Processing Speed Index</b>	_____

Woodcock-Johnson Psychoeducational. Battery-III - Part 1: Cognitive Ability (please attach full printout and use age norms)

### II. Processing Deficit Assessment

TEST	SUBTEST	STANDARD/SCALED SCORES
WAIS-III	_____	_____
WOODCOCK-JOHNSON-III	_____	_____
OTHER	_____	_____

Candidate Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

III. Achievement Assessment

Date achievement assessment completed (please attach full printout including all subtests and use age norms):

TEST	SUBTEST	STANDARD SCORE	% PERCENTILE
WOODCOCK-JOHNSON-III	_____	_____	_____
Broad Reading	_____	_____	_____
Broad Math	_____	_____	_____
Broad Written Language	_____	_____	_____
Writing Fluency	_____	_____	_____

NELSON-DENNY	RAW SCORE	# OF ITEMS COMPLETED	STANDARD SCORE	PERCENTILE
Comprehension:	_____	_____	_____	_____
Standard Time (current grade level)	_____	_____	_____	_____
Extended Time (current grade level)	_____	_____	_____	_____
1st year college Norms (needed for comparison purposes)			_____	_____
OTHER	_____	_____	_____	_____

IV. Other Tests Administered

V. Aptitude-Achievement Discrepancy

Test scores documenting 1.5 Standard Deviations below aptitude

APTITUDE MEASURE/SUBTEST(S)	STANDARD SCORE
_____	_____
_____	_____
ACHIEVEMENT MEASURE/ SUBTEST(S)	
_____	_____
_____	_____

**I certify that all the information on this form is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature  
BE-110 (8/03)

\_\_\_\_\_  
License/ Certification Number

\_\_\_\_\_  
Date



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## Vision Evaluation Report

The Vision Evaluation Report must be completed by a qualified evaluator who is familiar with the candidate's disability and its impact on the candidate's ability to perform on the Wisconsin bar examination, or other similar, timed, standardized admission tests). The evaluator should address all sections in this form that pertain to the candidate's impairment. Please reference specific tests, clinical observations, or other objective data and provide documentation of test results, if relevant. To avoid delays in the processing of accommodation requests, it is very important that all information provided be legible. For your convenience, you may provide any explanations called for below in an attached letter or report rather than on this form.

Candidate Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Visual and Medical History:

Current Diagnosis:

Best Corrected Visual Acuities for Distance and Near Vision:

Eye Health (both external and internal evaluations):

Diagnosis-specific Findings (address all relevant areas)

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Candidate Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Visual Field: threshold field, not confrontation (provide measurements, and copies of reports)

Binocular Evaluation: eye deviation (provide measurements); diplopia; suppression; depth; etc. Specify the distance or near point.

Accommodative Skills: at near point, with and without lenses (provide measurements)

Oculomotor Skills: saccades, pursuits, tracking

Describe

- (1) how the individual's diagnosis and symptomology relate to his/her reading ability and
- (2) why each recommended accommodation is needed. Your recommendation cannot be supported solely by a history of prior accommodation. You may use this form, or you may prepare your narrative on a separate page. Use additional pages if needed.

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License /Certification Number

\_\_\_\_\_  
Date

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## Physical Evaluation Report

The Physical Evaluation Report must be completed by a qualified evaluator who is familiar with the candidate's disability and its impact on the candidate's ability to perform on the Wisconsin bar examination (or other similar timed, standardized admission tests). The evaluator should address all sections of this form that pertain to the candidate's impairment. Please reference specific tests, clinical observations, or other objective data, if relevant, and attach other documentation if appropriate. The recommended accommodations cannot be supported solely by a history of prior accommodation.

To avoid delays in the processing of accommodation requests, it is very important that all information provided be legible. For your convenience, you may provide any explanations called for below in an attached letter or report, rather than on this form.

Candidate Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### I. Diagnosis:

II. How does the condition (or its treatment) impact the candidate's ability to perform on the Wisconsin bar examination (Check all that apply). For any items you check, please explain the impact of the impairment on the listed function and on the candidate's ability to perform the listed function over time (the standard time limitation for each session or section of the Wisconsin bar examination is approximately four hours). Also, explain why the functional limitation necessitates the requested accommodation(s). **(The candidate and evaluator may request additional time for the essay sections only, for the multiple-choice sections, or both on the Candidate Form and Evaluator Form, if desired.)**

1. \_\_\_\_\_ Limits the ability to write. **Explain:**

2. \_\_\_\_\_ Limits the ability to read. **Explain:**

3. \_\_\_\_\_ Limits the ability to use a standard Scantron answer sheet. **Explain:**

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4. \_\_\_\_\_ Causes fatigue. Explain:

5. \_\_\_\_\_ Causes pain in this setting. Explain:

6. \_\_\_\_\_ Requires breaks for medical routines (e.g. check blood sugar, relieve pressure, move about, stretch, take medication, toileting). Explain:

How many breaks are needed during the test?

7. \_\_\_\_\_ Requires frequent breaks **as needed, including during test sections**, for medical routines (e.g. toileting, relieve pressure, move about, stretch). Explain:

8. \_\_\_\_\_ Other. **Please explain:**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License /Certification Number

\_\_\_\_\_  
Date

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